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ABSTRACT

This booklet explains the aims and practices of teachers of mainstreamed children with disabilities in 39 New Zealand preschools. Using data obtained from interviews, the report tells how these teachers saw their role, how they planned their programs, and how they organized activities for the children. It also describes their attitudes to, and practice regarding, assessment and records. Considerations regarding space planning, size of group, equipment, storage, books used, use of special learning techniques, and availability of special help are discussed. A sample group of 39 mothers was also interviewed to ascertain their viewpoints and experiences and to assess contacts with the preschool, views on their children's progress and at-home behavior, transportation problems, and other concerns. Teacher and parent interview questions are appended. (PB)

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Teachers and Parents

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Geraldine McDonald

Joining In: Teachers and Parents

Geraldine McDonald

A study of the mainstreaming of children with educational handicaps into kindergartens and playcentres

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Introduction

This is a report of part of a project on the mainstreaming of preschool children with special needs. Rather than taking a clinical approach, which would have involved examining the effects of specific treatments given to individual children, this project took an educational approach and looked at how the children responded to, and were helped by, the programme, the adults and the other children in the preschools. This was in the belief that clinical interventions and educational programmes should complement each other. The report explains the aims and practices of preschool teachers who have responsibility for the children mainstreamed into preschools. It is illustrated with quotations from interviews with teachers, supervisors and parents. The progress of children with special needs in mainstreamed settings is discussed.

The report should prove helpful and encouraging to parent and teacher alike. It is particularly suitable for group discussion during the in-service and pre-service training of teachers.

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The Need for Training

The greatest single need in the process of integrating children with handicaps into normal settings is to provide appropriate training (and adequate support) for those who teach them. All people in early childhood centres are likely at some time to have in their care young children with handicaps. Primary school teachers will also have increasing contact with such children. Understanding the nature of varied disabilities should be part of the training of all teachers.

The need for training goes beyond an understanding of the disabilities themselves. Increasingly, as schools and preschools move to mainstreaming, there will be small groups of children representing a range of handicaps. How should these children be taught? How should their teachers be trained? What should be the balance between special attention to the child's handicap and integration of the child into the group of other children regardless of handicap? Should responsibility for the group of children with special needs lie with one teacher or with a team of teachers? Who should plan the child's programme? What help and support are available to teachers? What of the parents of the child? What kind of information and help is of most use to them? How can we help teachers to work successfully alongside parents? Should the teacher's role be limited to teaching? What responsibilities should teachers have for working in homes?

Traditionally, training has tended to match particular special needs. Thus you may train to become a teacher of the deaf or a teacher of the visually impaired. You could become a speech therapist, or a physiotherapist or someone who specializes in intellectual handicap. Mainstreaming will not necessarily match these specializations. In the 39 groups which were the subject of this study, only one included a homogeneous special group. The children in this particular group all had difficulties of hearing. Therefore, in addition to specialist training, which will continue to be needed, there should be training to enable teachers to deal specifically with groups of varied disability in mainstream settings.

This report tells how a group of teachers of children with special needs saw their role, how they planned their programmes and organized activities for the children. It explains their attitudes to, and practice regarding, assessment and records.

The report also presents the viewpoints and experiences of a sample of mothers who, while pleased that their children were being given special help, were anxious that, in the process of receiving this, the children were not 'picked out' and made to appear different. There is an inherent tension between normalization and special assistance to children. In reading the reports from teachers you will see what measures they took to resolve this particular dilemma.

Background to the Study

The Scheme for Educationally Handicapped Children

In 1973 the Department of Education initiated a scheme in which 'the Director-General of Education could authorize the establishment of a special pre-school group at kindergarten or playcentre to provide supplementary teaching for a group of educationally handicapped children'.[1] This scheme greatly extended earlier provisions of a similar kind for young children who were deaf. The educationally handicapped group was to be no smaller than three children and no larger than five. A suitable qualified teacher was to be appointed and employed by the Department of Education to have special responsibility for the group. The special groups of educationally handicapped children were to operate on three half days a week. The admission of children to the groups was to be controlled through the recommendation of the Psychological Service of the

1. Department of Education Circular E73/38: Establishment and Administration of Special Classes for Educationally Handicapped Children attending Preschool Centres (Special Preschool Groups, 17 September 1973).

Department of Education, or, in the case of deaf children, the adviser on deaf children. Both the Psychological Service and the advisers on deaf children were to have a continuing responsibility to provide guidance to the staff of the preschool centres involved and on the teaching programmes appropriate for each child. There were provisions for the Education Boards to contribute towards the cost of transporting children to the special preschool groups. The scheme was intended to integrate children with special needs into kindergartens and playcentres.

In 1983 the IYDP Telethon Trust invited NZCER to submit a proposal for a national study of these integrated special groups. NZCER's subsequent application to the Trust set out the purpose of a study as follows:

> To determine what integration is in the special groups and how it is working for individual children.

The project involved the 38 kindergartens and 1 playcentre which had integrated or mainstreamed groups in operation at the time of the study in 1983-84. Observations were made of all the children in the special groups who were present on the day of observation. Two observation instruments were employed: (a) a running record and Learning Event Checklist used for all the children in the special group, and (b) a structured observation schedule used with a sample of children in the special group and a sample of children not in the group. Interviews were carried out with 39 mothers and with teachers and supervisors from the 39 preschools. Most of the field work for the study was carried out in 1984.

The results from the whole project can be found in *Joining In: The Summary.* The results of the observations of children using the running record are in *Joining In: Children and Learning*. The results of the structured observation are in *Joining In: Children Observed*. This present booklet reports the results from the interviews with teachers, supervisors and mothers.

The Children

An early childhood teacher is trained to help the whole child with his or her physical, intellectual, social and emotional development. These aspects are all related to each other. The equipment and

Table 1
Categories of Disability of Mainstreamed Children

Disibility	*Children*
Physical	
Hearing impaired	22
Vision impaired	4
Physical disabilities involving the limbs	7
Spasticity and sensory defects (more than one physical handicap)	1
Intellectual	
Developmental delay, Down's Syndrome, general intellectual retardation	29
Multiple handicaps with intellect as a major component	4
Organic growth disorders, retarded physical and intellectual growth	8
Mute conditions, severe speech delay	20
Articulation problems, mispronunciations but syntax intact	3
Social and Cultural	
English as a second language	3
Delayed development arising from economic and social conditions	7
Failure to understand and respond to the social environment (e.g., autistic symptoms)	3
Functional disability from cultural difference	6
Emotional	
Fears and phobias	10
Hyperactivity	1
Uncontrollable behaviour (e.g., tantrums, destructive behaviour)	9
No data available on child's condition	1
	138

activities of the preschool are commonly classified according to this four-fold scheme. Some activities are intended to extend the child's physical abilities (e.g., balancing, climbing, cutting out); some, to extend the child's emotional development (e.g., stories, dramatic play, painting). The child learns to achieve independence from his or her mother and to relate to other people, and this contributes to social and emotional development. Early childhood teachers' objectives are linked to the four aspects of children's development.

The sample observed consisted of 138 children whose ages ranged from under 3 years to over 5 years, but two-thirds of these were between 4 years and 5 years. There were twice as many males as females (91:47). Their special needs ranged over virtually the full range of disability and included immigrant children who did not yet use English. There were children with spina bifida, children with profound hearing loss, and children who showed autistic types of behaviour. There were Down's Syndrome children, children with visual disabilities, and many others with disorders of some aspect of development. Table 1 shows the categories of disability arranged according to the broad categories of functioning – physical, intellectual, social, and emotional. Such a classification always has a degree of arbitrariness but the table shows what type of classification was used for this particular study.

Teachers and Supervisors at Work

The staff of the kindergartens visited consisted of the head teacher, one or more other teachers and the special group teacher. The playcentre was staffed by group supervisors (mothers who had been trained to work in the playcentre) and by a special group teacher. The head teacher in the kindergarten, the supervisors in the playcentre, and the special group teacher were invited for interview, and we left it to individual preschools to decide whether other teachers would be included.[2] In one preschool a large group, which included the psychologist and the early childhood adviser, was interviewed. Altogether we talked to over 100 people but only one interview schedule was filled in for each preschool. The interview schedule is given in Appendix 1. Although the first part of the schedule could have been answered by any person interviewed, in practice most of the information was supplied by the special group teachers.

Most of the 39 special group teachers had more than one qualification (see Table 2). Four of the teachers, who were trained as teachers of the deaf had all taught for 20 or more years. The special groups had been operating for different lengths of time in different preschools and this had a bearing on the length of experience that the head teacher had been able to gain. If we consider the kindergarten head teacher or playcentre supervisor and the special group teacher as a team, we can add their length of experience with special group children together to get a total for each preschool. The combined 'scores' for head teachers, supervisors and special needs teachers ran from 2 years to 30 years, with two-thirds of the sample clocking up between 6 and 13 years experience of working with disabled children of some kind.

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2. The word 'preschool' is used in this report to refer to both forms of provision, kindergarten and playcentre.

Table 2
Qualifications of Special Group Teachers

Forms of Training	*Number of Teachers*
Primary teacher training	6
Primary, speech therapy	5
Primary, speech therapy, degree	2
Primary, teacher of deaf	3
Primary, teacher of deaf, some university units	1
Primary, degree in education	1
Primary, some university units	1
Primary, playcentre	3
Primary, kindergarten	1
Primary, Early Childhood Education certificate	1
Primary, L.T.C.L. (speech), university extension course in behaviour modification	1
Kindergarten	6
Kindergarten, some university units	1
Playcentre	2
Playcentre, psychopaedic nursing	1
Playcentre, Correspondence School course	1
Playcentre, part diploma in special needs	1
Nursery Nurse (U.K.), university units	1
Degree in Education	1
	39

Aims for the Special Group Children

Special group teachers were asked, 'What are your aims for the special needs children?' They phrased their answers in many different ways. The responses below represent the broad categories. Some teachers gave only one answer and others gave more than one. The figures in Table 3 refer to the number of times each aim was mentioned.

Table 3
Aims for the Special Group Children

Aim	*Times Mentioned*	
	Number	*%*
To improve their functioning, to develop them as much as possible in area of need	19	30
To see children placed in a normal school	17	27
To integrate them socially and help them to relate to adults	14	22
To build up self-confidence, self-esteem, independence, enjoyment of life	5	8
Miscellaneous	8	13
	63	100

Teachers thought principally in terms of intellectual functioning (e.g., preparing the children for school), social functioning and emotional state. Physical development and co-ordination were often mentioned as serving one of the other aims, such as improving children's ability to function intellectually. One person reported that one of her aims was to educate others about the child's handicap. Another said that her aim was to help parents. Another said that she was always concerned with finding a suitable placement for the children whether that turned out to be a normal classroom or not.

Various aims are illustrated in the following quotations:

> The parents need as much help as the children.

> We can't get 100 percent normality but we can build up children's confidence to cope with their handicap. The children should be able to find a place in the neighbourhood normal in every respect apart from their handicap.

> My aim is to find a suitable placement. But will they go to school? This worries the parents immensely.

> Ideally I aim to help the children with their own special needs so that they will fit into the normal school system. The scheme was originally designed to help children do this but now we are getting a different type of child.

Defining a Special Need

The term 'special need' is used in more than one way in early childhood centres. There are, for example, kindergartens designated 'special needs kindergartens' because they are situated in geographical areas of social and economic need. These kindergartens are entitled to an additional teacher. The other common use of 'special need' is with reference to children with disabilities. The teachers in the present study used 'special need' mainly in the second sense.

According to the teachers, 'special need' related to a child who was failing to cope in a normal environment in one or more areas of his or her development. Such a child, teachers said, needed extra assistance from an adult. This was the core of the definition but there was also a body of opinion amongst the teachers which held that all children have special needs. One person added to her definition, 'Those who have not been able to pick up things through incidental learning', and another said, 'They're children whom someone fears are going to fail.'

General Organization of the Programme for the Special Group

There were three main approaches to organizing the programme for the special group children. In the first the special group teacher 'fitted in with the preschool programme'. This usually meant that the special group teacher either joined with the other teachers to plan a programme for all children or, more likely, she found out what the preschool programme was going to be for the following week and planned her own programme in relation to this. This can be called the *normative* approach.

> I work out aims for all children on Fridays together with the other teachers and then I work out the special needs programme and put it into the kindergarten programme.

The second approach was to organize the programme around the needs of individual children. These needs might be assessed with a developmental checklist. This can be called the *clinical* approach. A third approach was to seek the help of some consultant from outside the preschool who might work in the preschool or direct the work of the special group teacher. Let us call this the *consultant* approach. In practice, the consultant might be a psychologist, or an adviser for the deaf, or a speech therapist, or a combination of people depending upon the disabilities of the children in the group. As one teacher said,

> I meet with the psychologist once a month, and set out the aims for the special needs children and work on those.

The normative approach and the clinical approach were both reported about the same number of times. The consultant approach was mentioned more rarely. Of course the teachers themselves did not use these terms to describe their approaches.

We asked the teachers whether the special group teacher asked the other teachers and children to do anything in particular to help the special group children. About a quarter of the sample reported that the teachers all worked as a team and jointly planned the programme, but there were many more instances in which the other teachers were not asked to do anything special.

In two kindergartens the special group teacher told the other teachers what her goals were for the children and asked them to reinforce her work in the general programme. There were times when the preschool teachers called on the special group teacher for help. For example, one said:

> We have Jason on the two extra days when the special needs teacher is not here and so we ask her for advice. Also, if Brian's performing we would take him straight to her.

The teachers themselves had often made adjustments to the programme:

> We have a shorter mat time.
>
> We have visual aids at mat time because mat time is for the deaf children too.
>
> We plan trips on days that the special needs children attend.

Many had undertaken further training:

We've been to a course on signing.

Several teachers made a feature of explaining to the children on the main roll why the other children had special needs. There was a great deal of naturalness about the treatment of the special group children and encouragement of other children to understand and accept them. In one preschool there was a collection of books explaining various handicaps in terms that a preschooler would understand. In the playcentre that we visited, informing other parents was a key feature of the programme, and kindergartens, too, mentioned the acceptance and understanding that had developed amongst parents of children without handicaps. One striking example concerned a cerebral palsy child with no bladder control. The special group teacher picked him up matter-of-factly and, putting him under a tree to shade him from the sun, began to change his napkins. Some boys came and stood watching with curiosity; 'Why are you doing that?', they asked the teacher. She explained that the child had trouble with his 'waterworks'. The boys nodded in an understanding fashion and ambled off.

The Role of the Special Group Teacher

Teachers differ, and to illustrate these differences we will discuss two imaginary teachers, Teacher A and Teacher B.

Teacher A looks at the equipment and activities in the preschool. She knows that most of the children can roll out dough, that some, but not all, can manoeuvre the trolleys. She knows that most children will try a number of different things during the course of the morning, perhaps doing a painting, climbing a tree, listening to a story, hammering nails, or dancing to music. Her goal for the special group children is success with the tasks of the preschool equal to the achievements of the other children.

She makes sure that she takes the children in her care to a range of activities. She watches to see how they cope with each task. If they have difficulty she helps them in any way that is appropriate to the situation. She encourages them to play with other children but she sees that the other children do not take equipment away from the special group children. She thinks herself successful if the

children experience a range of activities, cope with the tasks of the kindergarten or playcentre and join in with other children.

Teacher B identifies the particular difficulties that a child may have in any area of functioning. To discover these she may use an assessment guide based on the normal development of young children. The teacher will then provide special materials for the child with the aim of improving target behaviours, such as co-ordination skills, verbal responses, attention span, thinking skills and so on. Teacher B will generally work with an individual child for a certain length of time during the session. She thinks herself successful if the target behaviour improves as a result of her training.

These two teachers interpret the role of the special group teacher in quite different ways: in the normative approach (Teacher A), using the children and activities of the kindergarten as a goal and a guide; in the clinical approach (Teacher B), giving help with specific behaviours that research has shown are commonly displayed by children whose development is 'normal'.

Teacher B might say of Teacher A, 'Your goals are good ones but a kindergarten may not offer all the things that a child needs. A child may need extra activities and special attention.'

Teacher A might say of Teacher B, 'You are training a child to do the special things you select but how do you know the child will be able to do those same things when he or she is out in the rough and tumble of the kindergarten?'

The teachers we observed seemed to lean towards the practices of either Teacher A or Teacher B. Some had tried different approaches with different children.

Both kinds of teaching have their value and what counts is really the skill and sensitivity which the teacher brings to her task. In discussion with teachers it seemed that there had been some shift of opinion, over the years that the scheme had been in operation, away from training specific behaviours towards encouraging full participation. On the other hand, there was the very experienced teacher who said, 'Last year we worked in the open kindergarten for the whole session. This year we're trying withdrawal sessions.'

One special group teacher said she had been thinking about her role and had decided that she was a play therapist.

Amongst our sample of teachers, whether they were Teachers A or Teachers B, we saw many excellent practices and exciting work. The type B teachers often introduced special activities to the whole

preschool. Type A teachers devised innovative ways of coping with preschool tasks, often enlisting the help of other children and teachers.

I do not think that any particular method is 'the answer'. There were too many examples of teachers saying, 'I tried that, but it didn't work.' The method must match the teacher and make *her* feel competent, in addition to matching the needs of a particular child at a particular stage of his or her development.

Teachers need to be tolerant of each other's methods. As one said, 'Just about anything will work for some child at some time.'

Both special group teachers and head teachers in preschools commented on the expectations that were placed upon them by parents and others. Some felt they were expected to teach the children pre-reading and number skills. In contrast, some said that parents complained simply because their child was considered in need of extra help.

In the following quotations three special group teachers describe how they work. Two teachers are ones who could be classified as A teachers and one as a B teacher. The 2:1 ratio is approximately the ratio in which A's and B's were observed at the time of the study.

Teacher 1 (A)

> When the children first arrive, I speak to the psychologist and then to the speech therapist. I don't do anything for the first 2-3 weeks. I gain their trust, build up a relationship with them. I observe what a child can do, for example, puzzles, painting. I try things out when he's in a good mood. If he's lost for something to do, I say, 'Let's go back to puzzles.' I may bribe him to get him there. I accept what he can do. I suggest to the children that they can cut out a circle without the children thinking it a chore. A step further on I use rewards – positive reinforcement – such as stars, stamps. I keep records and charts of the child's progress.

Teacher 2 (A)

> I have short-term goals for each child – realistic goals, such as just getting a child to do a painting. I just use what's in the kindergarten activities.

Teacher 3 (B)

> I have an individual teaching programme for each child. I

organize this by teaching each child in a withdrawal session each day. If we are all inside and the children are restless I have the group in the office. The teachers put their programme on the notice board. I fit in with the general kindergarten programme.

All teachers saw themselves as there to give help to the special group children. Beyond that they could be divided into those who viewed themselves primarily as a support system to enable the special group children to do what the other children were doing, and those who saw themselves as an agent for 'intervening' in a child's development, by offering the child training in skills that were not necessarily included in the usual preschool programme. This is the distinction underlying the roles of what I have called Teachers A and B.

Amongst the group of B teachers, some selected goals from knowledge of the speech patterns, motor-coordination skills, attention span and so on of 'normal' children of a similar age. Others (who were in the minority) aimed at the skills of literacy required for success at school.

Programmes in Practice

There are many variations in programmes and the teacher may work in one of several ways.[3] For example, teachers varied in the space they used, the size of the group they worked with, and the basis for their planning. The main variations were as follows:

Space

- All work carried out in the main room.
- Withdrawal space within the main room, e.g., at a special table.
- Withdrawal space outside the main room, e.g., in the teacher's office.

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3. The same kind of variation is reported in *Special Education Needs: Report of the Committee of Enquiry into the Education of Handicapped Children and Young People* (Chairman: Mrs. H.M. Warnock), London: HMSO, 1978.

Size of Group

- Teacher works with individual children in turn.
- Teacher works with special group as a whole.
- Teacher includes children from main roll in her activities.

Planning

- Special group may fit in with preschool programme.
- Other teachers may adapt their programme to incorporate special group children.
- Special group teacher may plan special activities for all children in preschool.
- Kindergarten teachers, playcentre supervisors and special group teachers work as a team with joint responsibility for the special group children.

The physical arrangements of the preschool, the child's particular disability and the organization of the scheme as a whole play a part in determining the type of programme. There are different policies, for example, in different kindergarten associations regarding the role of the special group teacher, some favouring withdrawal sessions and some favouring total integration.

Approximately three-quarters of the special group teachers said that they worked with all children in the preschool, joining in with all activities and frequently taking the whole group in the kindergarten for activities on the mat. Some welcomed the presence of other children because they were good models for the children with special needs. Some spoke with approval of the value of 'peer influences' and some said that other children 'reinforced the discipline of the kindergarten'.

There were some outstanding examples of teamwork and joint responsibility in which all staff shared responsibility for incorporating the special needs children.

Some Differences

The 'variations' are not separate or distinct programmes and there are many possible combinations. One major difference is between those preschools in which the whole programme is planned by all teachers with the special group in mind, and those ones, much more common, in which the special group teacher fits in with what

is going on in the preschool. A second major difference is between programmes in which the special group children are physically withdrawn into a separate area away from the other children and those where they remain within the preschool for the whole session. A third major difference is between programmes in which special work with the children is done on a one-to-one basis and those in which it is carried out in a group session for all the special group children.

One of the teachers pointed out that it is difficult to have individual programmes if you always meet the children as a group, and she commended the idea of an itinerant teacher who would work with individual children in their home kindergartens. As might be expected from the possible variations, it is hard to pick out a typical programme.

It was suggested to me several times that differences between programmes were the result of the background of the special group teacher and, in particular, whether her training was for kindergarten or playcentre compared with training for teaching in a primary school. I kept this idea in mind as I travelled around, but am inclined to think that training differences have little to do with programme difference, although they may have had more effect in earlier years. Special group teachers seem to differ in the interpretation of their role, in the way already indicated, irrespective of their training.

Special Methods and Techniques

Most of the methods mentioned were concerned with the control of behaviour. Teachers said that they used various forms of positive reinforcement such as stars, stamps and food. These were widely used. A number said they had used 'time out', either by isolating a child or confining him or her to a chair in the room. Then there were various other forms of management, such as distraction, redirection, establishment of set routines, use of eye contact and, in one instance, a contract with the child and its parents regarding acceptable behaviour. Teachers reported that sometimes their use of behavioural management techniques had been successful and sometimes it had not.

Another set of techniques were the 'comfort' ones – picking up and cuddling a child, sitting close to a child and offering him or

her love and care. Again, a child's needs determined the extent to which physical comfort was used.

There was a group of techniques used with children who had hearing loss and/or difficulty in speaking. Some teachers mentioned signing systems. Three had used the Makaton system and the others, Total Communication.[4] One teacher used reduced language, that is, she spoke in simplified utterances. Another technique observed was to increase the visual presentation at mat time which is generally a time for speech and responses.

No teacher used systematically any kind of commercial programme for the work with the children, although some had tried different ones. Some commented that they used some of the techniques suggested by an assessment and intervention programme, such as the Portage.[5]

Preschool Activities

When teachers were asked what they thought were good activities they mentioned a wide range: over 40 different activities, nearly all

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4. For the Makaton System, see Christine J. Musgrave, The Makaton Vocabulary: An Overview of its Place in the Total Communication Schemata Used in Intervention Procedures for Developmental and Deviant Language Disorders. In Patricia M. Buckfield, Geraldine McDonald and Mary Roberts (eds.), *Communication: Children with Special Needs*, Wellington Post-Graduate Medical Society, 1984. The source for information on Makaton in New Zealand is Puketiro Centre, Porirua. For a general discussion of language learning through sign systems, including Makaton, see Dee Twiss, Signing: Learning a Language Through a Sign System, NZCER *set*, 1, 1986. Dee Twiss describes Total Communication as 'amplified speech, speech-reading (lip-reading), and a sign system, usually in simultaneous presentation'. For a discussion of the bases of different systems of signing, including NZ sign language, see Marianne Ahlgren, New Zealand Sign Language and the Aim of Total Communication for the Deaf, NZCER *set*, 1, 1986. A system of communication for children who are not deaf but who cannot speak can be constructed from a set of pictures illustrating objects and actions, which can then be selected by pointing.

5. See for example, Tony Dessent (ed.), *What is Important about Portage?* Proceedings of the 1982 National Conference on Portage Services at St. Catherine's College, Cambridge. Windsor, Berks.: NFER-Nelson, 1984.

of them part of a normal preschool programme. They also said, 'Depends on the child's needs. They're all so different.'

Water (12), music (11), dough (6), and physical education (10) were mentioned most often. Three people stressed the special value of social contact between children. Here are some comments on activities:

> Visual matching games are a good way of drawing deaf children into the group.
>
> A large paddling pool. By the time you've dressed and undressed children they trust you.
>
> The awareness centre was excellent. It involved a car trip. Two men came too. It was at Middle School; it's the new physical education.
>
> Willie has his right hand paralyzed – with dough he acts more normally without noticing. We put big sponges in water. He even forgets the dragging of his leg.
>
> It's good to have a group of other children kicking a ball.
>
> Trolleys – especially for the boisterous boys.
>
> Physical activities. I've tried flash cards, puppets and so on but with physical activities you can use language naturally.

Of course, a teacher's own special interest played a part:

> They're earthbound – they lack confidence. You've got to get them moving. It's a help to have someone with expertise in physical education.

Equipment

There is a basic list of equipment but most preschools had additional equipment often provided by committees of parents. The particular items most likely to be mentioned as being helpful were puzzles, and matching and sorting games and toys – intellectual games. Books were also a commonly mentioned item of equipment and several kindergartens had tape recorders and listening posts. Some items were for children with particular disabilities – a magnetic board with which to tell or illustrate a story so that deaf children could follow it; a speech trainer, again for deaf children. For the rest the type of equipment was often related to a teacher's special

interests and her view of what her children required. In some kindergartens there were things to encourage physical activity, such as ladders, large hoops, big plastic blocks and large balls and bean bags. In others, the material was mainly small and suited to placing on a table – family toys, dolls' furniture, farm animals and miniature cars. Some of the equipment was much the same as one finds in the usual kindergarten or playcentre but in a more appropriate version, for example, simple books, high interest books, simple puzzles, scissors that were especially easy to handle and bags full of objects for exploring shape and feel. Some kindergartens owned a camera and one had a fully equipped bathroom which included a shower. It was the only one we saw.

Storage

Storage varied from a separate storeroom to a shelf and even, in one instance, a cardboard box in the office. Some teachers did not have any equipment kept separate from the main supply. In answer to a question about sufficient storage one teacher said, 'Well, sort of. A cupboard – but it's not big enough.'

Teachers were asked whether the special equipment was used by other children as well as by the special group. Whether or not the special equipment is shared with others depends upon its size. Small items are more likely to be withheld than large items. One teacher commented, 'My little toys tend to walk.'

Some equipment is kept especially to send home. If there is a withdrawal room, equipment is likely to stay there, but other children may be allowed in or it may be lent out to the kindergarten. Often the special group teacher has her base at a table within the kindergarten and other children are usually welcome to use whatever is put out. Only in a handful of preschools is the equipment kept in reserve and most have it available for all children on some basis. There is one particular disadvantage to making it freely available. One teacher explained:

> I like to have something fresh and exciting in the office so that the special group children want to come.

Premises

About a third of the teachers felt that the premises were suitable for their work. Another third thought that the premises were reasonable, although they could be improved. The remainder thought that the premises were unsatisfactory. The open plan of the preschool means that children can be easily distracted by the constant movement. The noise level makes it difficult for teachers to hear what children with poor speech are saying (the observers can vouch for that) and the teacher's office, which is often pressed into use as a withdrawal space, usually has a telephone that rings in the middle of sessions. Only in one place did we find a jackpoint and a portable telephone which could be moved from the office while it was being used as a withdrawal area. Even in those kindergartens where everyone was committed to full integration throughout the morning, special group teachers often said with a sigh how much they would like to be able, sometimes, to take a child aside. Children with English as a second language, for example, do not have a chance to answer questions if other children gather around and answer first. Not all teachers wanted a special room. Often it was just a quiet space in which to take a troubled child, or a very frightened one, or one who from time to time benefited from peace and quiet.

The Shopping List

About a quarter of the teachers said that they had plenty of equipment and that they did not really need anything extra. There was, as usual, considerable variation in what each group had and some of the newer groups were poorly equipped in comparison with the older established units in kindergartens in well-off suburbs. Most of the equipment that teachers said they would like could be found in at least one other kindergarten. It was clear that the more remote kindergartens did not always have access to catalogues of equipment or to trade representatives, although the situation appears to be improving.

A number of people mentioned equipment for physical activity, such as trampolines, swinging walkways for confidence building, balancing equipment and boxes for climbing. There was a particular

need, we were told, for this kind of equipment to be available indoors as well as outdoors. (There had recently been some inspirational in-service work carried out in the South Island on new forms of physical education for young children.)

Another set of items on the shopping list concerned technology: cameras (especially Polaroid cameras), tape recorders, videotape recorders. Some of the preschools visited already had cameras and used photographs most effectively to engage the interest of children and to appeal to children with particular difficulties.[6]

In one kindergarten a photograph album was being used for speech practice, for shared conversation, and for developing the ability to tell a narrative. In another we saw it used to get through to a child with autistic tendencies who could deal with photographs of people better that he could deal with people in real life. A photograph album can be made up of photographs brought from home, but if the preschool has a camera it can be used to record sequences of events a child is involved in. It can also be used to record achievements so that they can be shared with parents. The two following quotations should be noted, however:

> I'd love a camera but I fear that film would be too expensive.
>
> I'd love a Polaroid camera but I'd end up paying out of my own pocket for film.

Another set of requests was for manipulative equipment, books and other materials of a suitable type and level – books with surprises in them, such as pop-up sections, or parts that children can move, jigsaws and puzzles with large pegs for children to grasp hold of, 'really nice puppets', and a xylophone for a deaf child.

The final set of items is of a different kind: a large umbrella for waiting for the taxi, a set of gumboots, hot and cold water, a warm shower and a spa pool.

And finally from a teacher with responsibility for deaf children:

> I'd love my own speech trainer. I have to share the present one with a parent.

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6. A camera is one of the items on the basic list.

Books

The preschools I visited were not, on the whole, well supplied with books about handicap or disability. For this reason a brief description of types of books will probably be helpful.

There are different categories of literature relevant to teachers and parents:

(a) Books about handicaps of varying kind intended for teachers and parents.

(b) Books containing fictional stories about children with handicaps designed to inform other children.

(c) Books containing fictional stories in which handicapped children or adults are portrayed as the central characters. These are often intended to provide therapy (bibliotherapy) for handicapped persons.

(d) Photographic records and text featuring children with handicaps.

(e) Bibliographies listing books of a particular type.

(f) Books of readings on provision for children with educational handicaps and issues concerning their education and/or treatment.

(g) Articles reviewing books of different kinds and discussing the use of books as therapy.

(h) Books and articles outlining teaching practices for children with educational handicaps.

(i) Books reporting research projects or surveys.

At the end of this booklet there is a select list of titles.

Availability of Special Help

At the time the scheme was set up, the Psychological Service of the Department of Education was given the responsibility for admitting children and for their later placement, as well as for advising and supervising programmes for the children in the preschool.

Three-quarters of the teachers said they were helped by speech therapists and half received help from advisers on, or teachers of,

the deaf. Eight mentioned the Department of Education's early childhood education officers. Fifteen mentioned occupational therapists or visiting therapists. Smaller numbers received help from advisers for the visually handicapped, hospital services and public health nurses, the Department of Social Welfare and some voluntary agencies, such as IHC (Society for the Intellectually Handicapped), Crippled Children Society and Barnardo's. The person who helped was determined by both the nature of the children's disabilities and the availability of particular support services.

The special group teachers said that they often needed and appreciated help. One said, 'I have a feeling of isolation.' Although there are many specialist services which can help children with particular disabilities, a full range of agencies is not available in all parts of New Zealand. Again, help may be there but not readily available, as the following quotations suggest:

> We have to lean on him.
>
> She's very useful once she gets here.
>
> We have to contact them.

On the other hand, some services are available and regular. Teachers of the deaf are a case in point:

> Comes practically every morning.

What kind of help did the teachers want? All the teachers, special group or not, were interested in the children and their progress, and wanted to talk over the children's developmental advances. Some wanted ideas for programmes but others did not. Some wanted advice on particular children. Some wanted someone to help them deal with the needs of a parent. Some wanted advice on the assessment of children. Most would have liked someone to tell them that they were doing a good job.

Assessment and Record Keeping

Initial Assessment

There are four major ways in which the special group teachers find out what each child can do at the time he or she enters the group: (a) observation of the child in the kindergarten or during a home visit (this was mentioned most often); (b) written reports from the psychologist or a medical practitioner (mentioned almost as frequently); (c) talking to parents, teachers and others who had already had contact with the child; and (d) administering an entry or baseline checklist, or a developmental guide, to establish the child's level on various behaviours and capacities. Most teachers mentioned more than one source of information.

Some teachers made a point of observing the children carefully over a number of sessions.

> We generally observe over a period of a week or two. During the psychological assessment parents often feel threatened and the child is often in a strange setting. Basically we observe the children in the kindergarten.

There are differences of opinion on the usefulness of checklists, whether filled in by the psychologist or the teacher.

> I make my own assessment. I start off with Portage and general observation of a child's behaviour.
>
> The psychologist's report gives the Portage baseline but I don't really use it.
>
> The psychologist's assessment? – I read it and forget it.
>
> I spend the first couple of weeks filling in a developmental record – it's a bit cumbersome, a bit too broad. I used to use Portage but now I have devised one of my own.
>
> We held a teacher-only day and asked for a baseline check.
>
> We developed our own checklist.

Teachers may use a variety of record keeping devices or none at

all, and they may use some, such as developmental checklists, only rarely and for particular children. Other methods, such as notes on observations of children, may be used regularly and perhaps incorporated in a procedure, such as a book which goes home for parents to read and in which parents can write notes of their own. Some teachers objected to the keeping of records:

> I end up throwing my notes away. I'm concerned about things written down about children.

Assessment of the Child's Progress

Does mainstreaming do any good? In particular, do the children in these open-plan developmental programmes make educational progress or gains?

There are two ways in which this last question might be approached. The first method, is to test the child on some sort of standard test, such as a developmental scale or an intelligence test, before entry to the programme, and then to test the child again at some later date. It sounds simple but it is not. The problems associated with such a 'before' and 'after' design are:

(a) The children come with a range of handicaps and no single measure is likely to suit all.

(b) It is difficult to find standard measures which express what preschool teachers believe they are doing.

The second method is to determine how many of the children go on to a school placement. Again, it sounds simple and certainly matches the original aim of the scheme. However, it too has traps. The policy of admission to preschool special groups operated by psychologists throughout the country differs from area to area. In some areas children with severe handicaps are admitted and in others they are not. Admission is affected by whether or not alternative services are available. If there is no local branch of the Crippled Children Society, for example, then physically handicapped children are more likely to go to a kindergarten or playcentre. The confidence of kindergarten teachers, playcentre supervisors and parents may influence the degree and kind of disability that is accepted in the preschool. Also, the policy of placement in schools differs from region to region.

In this project a third method of assessing progress was used. I asked the teachers or supervisors what the child was like at first and what he or she was like now. The answer to this question was built into a network of evidence involving crosschecking of information. To explain this process we will take a special group child called Kirsty.

I observe Kirsty during the course of the morning. Her teachers are then asked what she was like when she first arrived. They say Kirsty was a tiny frightened little creature who wouldn't say a word. 'She couldn't concentrate on anything', they add.

I ask, 'What is she like now?' and they tell me, 'She's improved. She tackles new things; she gets on well with the other children; she loves stories. She still won't talk much but she understands what we say to her.'

It seems that her teachers think that she has made gains in confidence (tackles new things), social skills (gets on well with the other children), and concentration (loves stories).

At least in the teachers' opinion there have been gains, but would her mother agree with this opinion? I interview Kirsty's mother and ask her, 'What gains have you noticed?' Her mother also mentions Kirsty's improved ability to get on with other children and to enjoy stories. Her mother adds that Kirsty chatters away at home. Thus the mother's account confirms that of the teachers, but tells me that Kirsty's failure to talk a great deal at kindergarten is probably due to the child's lack of confidence in that setting rather than an inability to speak.

I check my observation notes and I can see that Kirsty did play in groups and was accepted by other children. And yes, she was seen to go to a teacher who was reading a story. So the observations and the teachers' account and the mother's report all agree reasonably well.

Were the gains purely developmental? Would Kirsty have progressed just as well if left at home? I look at the nature of the gains and ask whether they could have been made elsewhere. You will notice that 'getting on with children' is one gain. It seems very likely that the preschool experience can account for this. We know that Kirsty avoided children when she first came. We know that preschool gives her the only opportunity that she has to play in a large group and to share activities. The mother tells me that she goes to speech therapy but that is for a session with the therapist and not to join a group of children.

I look at my running record and Learning Event Checklist (see *Joining In: Children and Learning*) to see whether Kirsty has been observed responding to the instructions of either adults or children and find that she was observed doing both. This suggests that she is learning from being with others. The kindergarten does not seem to have been particularly instrumental in encouraging her to speak since she talks at home more freely than she does at kindergarten.

But perhaps all that kindergarten teachers, the special group teachers and the mother are doing is claiming that Kirsty has made gains because

that is what they want to believe. I look to see how the whole group of teachers have assessed the progress of the children in the special needs group. I note that not all children have been reported to make progress, indeed some children are reported to have made none. Children who have been recently enrolled are not generally said to have improved. I also note the quality of the teachers' reports. Most have reported the children's gains in some detail, for example: 'Still not much speech but does very advanced paintings'; 'Has learnt to share even if he still has a few behaviour problems.' As a group the teachers did not claim great gains for every child and the gains that they noted were not always matched to the child's particular disability. It is useful to remember that children may remain physically disabled or deaf, or intellectually handicapped, but still learn in the kindergarten many of the things that other children do about such things as animals and their habits, about space and volume and about puppets and stories.

If the teachers as a group seem to be realistic in their reporting, this strengthens my belief in what Kirsty's teachers have said about her.

On the basis of a network of evidence, I recorded that *yes*, a child had made gains or *no*, he or she had not, with some degree of confidence but without being able to say how much progress had been made. The evidence was, however, sufficient to specify the nature of these gains. In this manner each report on a child was verified.

If a report from a teacher about a child's progress seemed exaggerated in the light of other evidence then the child was not recorded as having improved.

We cannot claim for any child that a particular amount of learning had taken place or that the children had attained a general standard or level. The nature of the claims is rather as described above, for example:

> When the child first came she was terrified of strangers. Now she will follow the special group teacher and respond to her instructions. Also, she can work alongside other children and has been observed making overtures to them.

Gains were counted in whatever category they occurred. The method conforms to the whole child approach, in which the functions of a child are believed to be inter-connected, with each being capable of influencing the other functions.

The way in which improvement had been measured did not justify detailed categories. We used only three levels: (1) yes, the

child had improved in at least one area of functioning, (2) no improvement yet (a neutral category), and (3) a category suggesting that no or little improvement had been noticed, although it might have been expected. The measure was global and gave no information on the very important issue of a child's rate or learning. But, on the measure used, 69 percent were recorded as having made gains.

The improvement levels of special group children were then examined according to the particular disability the children had, and it was found that the children with intellectual and physical disabilities were more often reported as having improved than the children with social or emotional problems.

It was found that even very young children (under three years old) can show improvement from being mainstreamed in a regular preschool, although the improvement rate rises as the age of the children rises. Improvement appears to occur usually within six months of entry. Girls and boys seemed to profit equally from the preschool experience.

Nearly two-thirds of the preschools observed operated a withdrawal programme of some kind. Of all the special group children who had shown improvement, 69 percent were at preschools where there was a withdrawal programme and 31 percent were at preschools where there was no withdrawal programme. Similar percentages of children were reported to have shown gains and there was no evidence that would support a general policy of either withdrawal or non-withdrawal.

I observed two instances in which children from intellectually impoverished home backgrounds (e.g., both parents the products of special classes) had just started at preschool. The effect of a preschool on these children of normal intelligence but limited experience was amazing. One girl, after standing back gazing, suddenly realized that there were all manner of wonderful things to do and she set to work trying out as many activities as she could during the course of the morning.

What the Mothers Said

A sample of mothers was obtained by asking teachers to approach the parent of the special group child whose surname came first in the alphabet. If this parent was not available the parent next in the alphabetic order was to be approached. This produced a sample of 39 mothers, 19 of whom were the alphabetic first, 12 of whom were the alphabetic second and 8 of whom came later in alphabetic order.

Only two parents said that they were not aware that their child needed help until it was pointed out to them. Most had known, or at least suspected, for a long time that their child was not developing at the speed or in the manner of other children. Mothers said such things as, 'I worried for a couple of years and kept taking her to the doctor but I think he just thought, "Here's just another neurotic Mum" '.[7]

Some conditions, such as spina bifida, are apparent from birth and there are procedures for dealing with them. This kind of disability does not appear to cause so much anxiety and distress as conditions which cannot be clearly diagnosed, ones in which professionals avoid giving a verdict because they are uncertain of the prognosis, or those which can be confused with simple bad behaviour, a condition which the mother herself is supposed to control.

Many mothers we interviewed said that they had been through periods of severe strain waiting and waiting to see whether a child would speak, wondering whether a child was deaf, trying to convince others that they were not just imagining that something was amiss. In addition, some children slept little and rushed around the house all day or had screaming sessions. Frequently for these mothers, it was not the knowledge that the child had a special need that upset them, but that other people seemed to blame them for the disability.

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7. Cf. David R. Mitchell, *Other People Don't Really Understand: A survey of parents of young children with special needs*. Occasional paper No. 2. Hamilton: Project PATH, University of Waikato, 1981.

Nature of the Child's Problem

In addition to giving clinical descriptions of a child's problem, the mothers often referred to the effect of these conditions on the children's behaviour. For example, they might result in extreme frustration on the child's part, breath-holding and toileting problems.

Earlier Preschool Attendance

Nearly all the children had earlier attended some kind of preschool. For example, 14 had been to kindergarten and 13 to playcentre. Indeed the children had often been identified as having a special need by those who encountered them in preschool. Very few children whose mothers were interviewed were drawn from specialized preschools run by organizations such as IHC (Society for the Intellectually Handicapped), and the Crippled Children Society. Only three, for example, had previously been at an IHC centre and two at a Crippled Children kindergarten. As we shall see later, some children attended such specialized centres at times when they did not attend a special group kindergarten or playcentre.

Few of the mothers had known about the provisions for children with special needs in kindergartens and playcentres. Eight mothers found out when their children had started attending the afternoon sessions in the kindergarten at which the special group was situated. It was there that the children were identified and advice sought from the Psychological Services.

Eleven were referred by some other service for children with special needs such as the Crippled Children Society, IHC (Society for the Intellectually Handicapped), advisers for the deaf and advisers for the blind. Six children were receiving speech therapy and it was through the speech therapist that the child was directed to the special group scheme. Three children were referred by a doctor to a hospital service. Since the mothers nearly all said they had consulted medical personnel about the child at some stage, it appears that most general practitioners and pediatricians may not know of the scheme, nor how to get a child into it. Another reason for so few referrals from medical sources is that hospitals often run their own services for handicapped children and doctors may prefer to refer children there.

The most common way in which children were identified was by

referral from a kindergarten or playcentre to a psychologist. Sensory or physical disablement is likely to be detected early in a child's life, and children are taken into specialized services which may later ensure they are enrolled in a kindergarten or playcentre.

Nearly every mother had stayed at kindergarten or playcentre when her child first began to attend. In one instance both mother and father stayed. One mother reported that only her husband stayed and added, 'He's very stoic.'

Mothers who did not stay generally had a reason. For example, the child may have already attended the afternoon sessions in a kindergarten. The amount of time that mothers stayed varied from 'five minutes only' to a matter of months. No mothers suggested that they had in any way been discouraged from staying.

Contact with the Preschool

Playcentre requires a mother's participation as a condition of membership. Half the kindergarten mothers said that they currently had little or no contact with the kindergarten beyond taking the child. Some of the mothers helped at the kindergarten and a few said they would like to help but hadn't been asked. One mother said, 'I'm shy. I'll help if asked but I won't push myself forward.'

Other mothers or their husbands were members of the kindergarten committee. Six of the mothers had other children attending kindergarten – one had a child in a daycare centre, one, in a community creche, and others had children who had either just left kindergarten or playcentre or who would shortly be attending. Some mothers were involved with another kindergarten or a playcentre attended by another child in the family. A major problem preventing parent involvement is that the special group preschool may be some distance from the child's home.

Discussion About the Child's Progress

Nearly every mother said that someone discussed with her the child's progress within the preschool. Most of them named the special group teacher, some mentioned the head teacher or supervisor as well, and then there were those who said that all teachers discussed the child. In addition to the kindergarten or playcentre staff, some mothers mentioned advisers for the deaf, speech

therapists and psychologists. The need for discussion was mentioned by several. One mother said, 'It's very hard. He's an only child and I feel I'm not doing enough. I don't have any other children to compare him with.'

Although many special group teachers used take-home books in which to write a little about what the child had done, and parents were encouraged to send these back with some news from home, these were seldom mentioned by parents in the context of discussion about the child. But those who did mention them did so with appreciation. One mother said that she liked getting the news even though she could not always think of things to write back. It seems that parents do not view these written communications in quite the same way as they view personal discussion and reassurance about the child. This is one teacher's comment on the same topic:

> I send books home – notebooks. Parents are often shy about writing back. Sometimes I wonder whether it is worth it. I can't see the parents as the children come by taxi.

Other teachers said they had developed good communication through the use of a take-home book.

Most of the mothers said they had little trouble getting in touch with the kindergarten or playcentre. Many said that they could telephone the special group teacher, even at home, and virtually all teachers were referred to by their first name by the mothers interviewed.

Views on the Child's Gains

Parents were all sure that the child had benefited. Here are the areas of development and the number of times they were mentioned. The important thing to note is the first three categories.

Social development	26
Speech	18
Emotional development	16
Intellectual development	9
Behaviour	5
Physical development	2
Other	2

We were able to match what the 39 mothers said about their child

with what 31 of the teachers said about the same child. In the case of 8 teachers the gains mentioned were not specific enough to be compared with those reported by the mothers. There was an overall resemblance between the two sets of reports, and both teachers and mothers tended to report more than one gain for each child. Although the two groups referred to the same kinds of things the mothers put social development at the top of their list and teachers and supervisors put aspects of language at the top of theirs. There were, however, no major differences in what was noticed as distinct from what changes were reported most frequently.

Behaviour at Home

Mothers reported the child's behaviour as 'good' (19), 'so-so' (12), and 'difficult' (2). The quotations will give a clearer picture:

Not too bad.

He has moods – difficult to control; I get tired and worn out with him grunting.

She used to be frustrated and had tantrums because she couldn't let us know.

On medicine, marvellous; off medicine, he can't control himself.

Bossy, must have her own way, controls the family and the situation.

Frustrating for both of us.

Routines are hard to establish.

Varies, good to rotten.

They fight a lot; I have to get in with a bell.

Diabolical. If I want him to do anything, he won't do it.

Mothers thought that, in comparison with behaviour at home, behaviour at the preschool was the same (3), better (20) or worse (5).

No clear pattern seemed to emerge in response to a question about the child's relationship to others in the family. Most children seemed to have one person to whom they were closest. The child's place in the family had a bearing on this issue but that is probably no different from what occurs in all families. Some children were reported to be difficult because they consistently attacked younger children.

Transport

Sixteen parents used their own car to take their child to the preschool, one mother used a bicycle, three walked and one collected the child by bus. A stationwagon operated by the Crippled Children Society took one mother as well as her child. The special group teacher, the head teacher, another mother or an early childhood education officer sometimes provided transport, in which case the mothers could go to the preschool too. Four mothers reported that they were not permitted to go in the taxi with the child. Another four said that they could accompany the child in the taxi once a fortnight, one went on the first day only, one used it on the days she was rostered to help at playcentre, and another could go with her child provided she let the taxi firm know beforehand. Three mothers had cars which they could use even though they could not go in the taxi. In some areas Education Board approval had not been given for transport by taxi. Transport is a problem. Teachers' comments on taxis included:

> Taxis – we may get any old driver. The morning ones are used to it, but the others complain about bits of dough on the back seat.

> The taxi often arrives early and the children sit on the doorstep, or they get dropped off at the wrong place and wander around the neighbourhood.

Ideas for Home Use

It seemed that mothers appreciated really practical suggestions that would help them or their child to cope.

> My child was in splints and had boots with a bar across them. They showed me how to put his trousers on.

The advisers and teachers for the deaf were praised by all the mothers who had contact with them. They went into homes and visited children in preschool. They played a major role in helping parents to take advantage of the services available for testing hearing and fitting hearing aids, and they saw that children got to the services available.

Speech therapists operate from clinics and it was evident, even from our small sample, that some mothers did not go because of

difficulties with transport and the general organization of younger children that such visits often entail.

In one kindergarten the special group teacher and the mother worked together. The mother said:

> We've put ourselves on a programme and have objectives every week. Then Jenny puts the objectives into practice in the kindergarten. When David comes home, I reinforce the work here. A therapist also comes to our home to help David for a short time each day and she also works in with the programme.

Another mother had learned about Total Communication through the kindergarten and was using this successfully with her child. Others had gained ideas for activities to keep children interested and occupied at home, for example, by providing dough, a sandpit, a trampoline, a climbing frame.

Some special group teachers had extensive collections of carefully chosen books and toys which could be taken home by the special group children. These materials, on loan to the family, were mentioned by several mothers as providing ideas for things to do.

On the other hand, a sizeable proportion of the mothers said that they had not got any ideas from kindergarten. The reasons were various: 'There hasn't been any need', 'Kindy things are separate and different', 'We do family things and most things my child does anyway'.

Help for the Mother

There is not the slightest doubt about the benefits of the child's attendance for the mother. Many of the mothers used the word 'peace'. They also referred to 'a break' and 'time for myself', and they used the word 'relax'. These quotations speak for themselves:

> Peace. I nearly went mad when he wasn't talking.
>
> It's taken weight and pressure off me. I was worried but now I can share the problem.
>
> I've gained my sanity.

The special group scheme is a contribution to the mental health of mothers. Many mothers said that they felt happier because the child had progressed and that he or she had 'responded' or had

'learned'. It was also clear, although not said quite so directly, that the mothers were very anxious for their children not to appear different or be treated differently from other children.

The number of helping 'agencies' with which the mothers came into contact varied from none to five. Four parents reported no other help, 8 reported 1, 14 reported 2, 7 reported 3, 3 reported 4 and 3 reported 5. These were all services in addition to the special needs group.

The agency mentioned most often was a speech therapist (21), and then, in order, came medical practitioners of varying kinds (16), psychologists (14), deaf advisers, Plunket, and visiting and occupational therapists (4 each), and physiotherapists (2). These were followed by a miscellaneous group of services, each mentioned only once, such as horse riding for the disabled, acupuncture, and swimming for the physically disabled. A few children went to gym classes, to sensory integration centres, or to a preschool for the deaf, and one was helped by the Correspondence School Special Needs Section. A few attended kindergarten or playcentre on the days they did not attend the special group.

There are some very good things about the speech therapy service. Any mother can seek its help. There is no stigma associated with seeking help, and knowledge of the speech therapist's services circulates around a neighbourhood. Consequently, the speech therapist is often the first specialist to treat a child and may then refer a child on to other services.

The mothers were asked their opinion of each of the agencies that helped their child and these were classified according to whether the mother saw them as being helpful, not helpful, or neutral. In many areas there were no specialized centres other than the preschool special group.

Although there were only four parents of those interviewed who had contact with advisers of the deaf or a teacher of the deaf, all were full of praise for these people. This impression was confirmed by teachers and by other parents whom we met casually during our observations. Indeed the services for the deaf appear to be the best organized, the most widely available and with the clearest set of techniques of all the services that parents encounter. I am aware that those working within the service for the deaf desire improvement; nevertheless, they are dealing with a condition that is relatively clear cut and for which mothers are not blamed. Other

specialists often have to deal with more intractable conditions or with sets of conditions that they cannot control.

Two-thirds of the mothers whose children attended speech therapy clinics said speech therapy was helpful, and over half of those who mentioned psychologists had found them helpful. One teacher said:

> Parents may not like the idea of going to a psychologist. It's the stigma – it's very threatening. A problem.

Exactly half of those who mentioned pediatricians and other medical specialists found them helpful.

More interesting than whether the mothers were satisfied or not with the services are the reasons they gave for their judgement. One major cause of dissatisfaction was an inability to get service:

> I had to fight to get in; it's all right once you're in. Parents have to push, they have to stand up for their rights. A lack of information was another problem. The doctor is good but you've got to push him for an answer.

Another frequent cause of dissatisfaction was the inability of a specialist to get a true picture of the child:

> The psychologist came to kindy and really got to know him; the pediatrician saw him in the office and really doesn't understand.

A fourth cause of dissatisfaction was that some specialists seemed to have preconceived ideas about the child's problem and were judgemental in their approach to the mother. A fifth was the provision of inappropriate treatment. For example, at the time the survey was carried out, family therapy seemed to be being used for an extraordinary range of problems.

Some specialists canvassed the mother's views and opinions, shared their own views with her and treated her as an equal partner in the treatment of her child. Such persons were found in every kind of service. Others treated the mother's opinions as of little value, gave her the impression that she was 'just another neurotic mother', and tried to assess the child away from its mother. Underlying the specific complaints was the basic one that some people did not treat the mothers with consideration – a human relations issue.

At the end of the interview mothers were invited to make comments and some of them did so. The topic most often mentioned

was the value of a combination of services and the need for co-operation between them. Some felt that more publicity could be given to let parents know of the special groups in kindergarten and playcentre. One parent belonged to a parent support group started by the kindergarten and she was full of praise for this. Another advised other parents to be assertive in getting the best for their children.

There was often mention of the fact that the groups operated only three days of the week, and that if children came from outside the area of the kindergarten in which the group was situated, they were discriminated against because they could not attend on the remaining two days. In practice, the policy on attendance varied. At the time of the study the special group teacher was employed, and transport provided, on only three days. There were three patterns of attendance:

(a) The child attended the kindergarten on five mornings because he or she was in the catchment area.
(b) The child attended his or her own home kindergarten on the two days when not attending the kindergarten with the special group.
(c) The child did not live in the catchment area but attended the same kindergarten if his or her family could provide the transport.

Playcentres operate for three sessions in the week for all children.

When the child was present on days when the special group teacher was not there, the other teachers had increased opportunities to make contact with parents. Mostly though, the children did not attend more than the three half days for which the special group teacher was employed.

Contact Between Teacher and Parent

Every special group teacher had contact with the mothers of the children she had responsibility for. Typically, she visited homes before the children were enrolled, talked to the mothers when they came to the kindergarten or playcentre, and telephoned them from time to time. Some teachers sent daily comments and other forms of take-home material. The parent interviews showed, as already reported, that most mothers referred to the special group teacher

by her first name and that they felt free to telephone her at the preschool, and usually at home too, if anything was troubling them.

In nearly all preschools the special group teacher had the greatest contact with the parents of the children. However in one, the special group teacher considered herself one of a team of three and all teachers had contact with the parents. In another, the special group teacher did the home visits. In four, the head teacher and special group teacher shared the work.

Some special group teachers had organized a parent support group, had organized, or been involved in, case conferences bringing together all the professionals dealing with the child and the parent, had arranged for the parents to get help from medical and social agencies, or had provided a programme for mothers to carry out at home with the child. One teacher organized a unified programme to be carried out by herself in the preschool, by a tutor employed to work with the child for a short time every day, and for the mother to follow also.

Mothers, too, made their contributions by telling the special group teachers things that had worked well with their children. In one kindergarten I saw four children playing a co-operative dice game with equipment made by a mother and donated to the kindergarten.

Despite a high degree of contact with, and knowledge about, the families on the part of the special group teacher and the other teachers, some families slipped through the net. In such families, mothers were never at home or they had their own intellectual, emotional and medical problems. Some mothers had themselves been special class children. Some special group children had been moved from one foster home to another. Some mothers deliberately excluded outsiders, and other mothers, even with transport provided, still had difficulty ensuring that the children attended regularly. Marriage breakdown and unemployment were taking their toll, particularly in some areas, at the time of the study.

Although the special group teacher had the most contact with parents, in only one instance (where the head teacher was new) did the head teacher not know the mothers, the family circumstances and the child very well indeed. All teachers could tell me exactly how to get to a particular mother's home when I asked for directions.

We were told by some teachers that underage placement with a

mother in attendance, as with deaf children for example, can create difficulties in crowded premises, and that the children tended to stay by the mother instead of working with the teacher. Others said that there were advantages in having the mother there and we came across many mothers at the kindergartens during our visits – just dropping in to talk to the special group teacher, assisting in the preschool or helping with a particular activity, such as a party. The Auckland area had the most mothers in attendance and some of these were mothers of the special group children. It is probably easier for special group mothers to stay if it is a common practice for all preschool mothers to drop in for varying periods of time. In playcentre it is policy for mothers to share responsibility for the children and this involves both attendance at the centre and working for it.[8]

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8. See Geraldine McDonald, *Working and Learning*. Wellington: NZCER, 1982.

Conclusion

There appears to be general satisfaction with the scheme on the part of the mothers who were interviewed, their complaints being restricted to the limited hours during which the scheme then operated. The interviews with teachers and supervisors illustrated different approaches to the role of the special group teacher and to the programmes for the children.

There is a need for special consideration to be given to the relationship between the special group teacher and the parents, especially the mother. What suits one mother may not suit another. Attention could be given to setting up a working group of teachers and parents to devise a variety of ways of communication suited to the different kinds of situations in which mothers are placed.

There is scope for the development of procedures by means of which a teacher and a parent can develop a method of reporting – either orally or in a written report – based upon information which a parent would like to have and upon what a teacher feels herself able to provide. In other words, communication between teacher and mother could be tailor-made and not result from a formula applied to all situations.

The interviews with the special group teachers, and with kindergarten teachers and playcentre supervisors, showed that there is a need for discussion of the role of all adults in the preschool in relation to the special group. How can the group of adults work most effectively together? How can the idea of a team best be fostered?

The need of special group teachers for support, advice and practical help would be to some degree answered if a national co-ordinator were appointed. As with many occupations in which there are few people, they see little of each other. They experience a need for opportunities to meet and to share experiences of working with children who are educationally handicapped.

These recommendations, however, are aimed at improving a scheme which is already operating very well.

The equipment allowance should be adjusted to the particular

needs of the children in the group. Some disabilities entail greater expenditure than others and this should be taken into account.[9] Further attention should be given to premises, storage and transport.

Preschools should have a better supply of books about disability suited to different groups – parents without educationally handicapped children, parents with educationally handicapped children, children without educational handicaps and educationally handicapped children themselves.

Training in alternative communication systems for children who have difficulty in speaking, whether or not they are hearing impaired, needs to be provided urgently.

An understanding by teachers of technical aids is also necessary.

9. No one mentioned the possible use of computers. See for example, Adrianne Cranshaw, *Computer Use by Disabled People: A study of the use of computers by people with physical and sensory disabilities in New Zealand*. Wellington: NZCER, 1985. This work gives an overview of the types of aids available.

A Select List of References

Bibliographies

The National Children's Bureau bibliographies listed below are available from NZCER, PO Box 3237, Wellington.

Dinnage, Rosemary and Gooch, Stan (1986). *The Child with Asthma*. National Children's Bureau Bibliographies, 1. Windsor, Berks.: NFER-Nelson.

Dinnage, Rosemary (1986). *The Child with Cerebral Palsy*. National Children's Bureau Bibliographies, 2. Windsor, Berks.: NFER-Nelson.

Dinnage, Rosemary (1986). *The Child with a Chronic Medical Problem*. National Children's Bureau Bibliographies, 3. Windsor, Berks.: NFER-Nelson.

Dinnage, Rosemary (1986). *The Child with Epilepsy*. National Children's Bureau Bibliographies, 4. Windsor, Berks.: NFER-Nelson.

Dinnage, Rosemary (1986). *The Child with Spina Bifida*. National Children's Bureau Bibliographies, 5. Windsor, Berks.: NFER-Nelson.

Dinnage, Rosemary (1986). *The Orthopaedically Handicapped Child*. National Children's Bureau Bibliographies, 6. Windsor, Berks.: NFER-Nelson.

The following bibliographies list children's literature for and about the handicapped.

Bode, Eve (1977). *The Handicapped Child in Children's Literature: A bibliography*. School Libraries Branch, Education Department of South Australia.
Comments on a range of books suited to the handicapped of various ages. Some books for preschoolers. Especially good for explaining the use and choice of books.

Canadian Association of Children's Libraries (1981). *Bibliography on Disabled Children: A guide to material for young people aged 3 to 17 years*. Ottawa: Canadian Library Association.
A listing of books according to disability and appropriate age. Also lists films and film strips. Mainly North American titles.

Gold, Janet T. (1983). "That's Me!" The LD child in literature. *Academic Therapy*, 18, 5, 609-617.
Another annotated bibliography concerned with children who have difficulty coping with learning in school. Contains a useful section on general techniques for using stories about learning disabled children with the whole class.

Radenich, Marguerite C. (1986). Literature for children and adolescents about people who happen to have a handicap. *Techniques: A Journal for Remedial Education Counselling*, 2, 364-369.
The author criticises much literature on the handicapped on the grounds that it deals with the handicap rather than the person. Her annotated bibliography provides a list of books selected because the story's theme does not centre exclusively on a handicap, the characters are not stereotyped and the stories meet general criteria for good children's literature.

Smyth, Margaret (1981). *Count Me In: Books for and about disabled children*. UK: Library Association Youth Libraries Group.
A selective list and annotations of 84 books of children's fiction about handicapped young people, covering a wide range of disability. Contains a useful introductory essay and guidance on age level. Mainly British titles.

Stories

Vasil, Lisa (1987). *Just an Ordinary Kid*. Wellington: Mallinson/Rendel.
Lisa, a 14-year-old New Zealand Correspondence School pupil with cerebral palsy, wrote this story about a character based on herself to dispel myths about cerebral palsy.

The following have been published by the School Publications Branch, New Zealand Department of Education.

Cowley, Joy (1985). Daisy Chains. *School Journal*, 2, 1, 38-40.
A story about an intellectually handicapped girl told by her younger sister.

Cowley, Joy (1983) *Words*. Ready to Read series. Wellington: School Publications Branch, Department of Education.
A story about an intellectually handicapped boy, designed to explain the condition to other children.

Hill, David (1984). The Chairs of Hazzard. *School Journal*, 2, 1, 25-30.
Like 'Daisy Chains', this story explains physical handicap in a way children can understand.

Mahy, Margaret (1984). Good Knee for a Cat. In *Giant Soup*, Ready to Read series, 28-36. Wellington: School Publications Branch, Department of Education.
Shows a physically disabled child in a central role without discussing the disability.

Photographic Records

There are some excellent photographic records of children with handicaps. These are often particularly useful to explain physical handicaps because

they can show both the deformity and prostheses to correct it.

Kaufman, Curt and Kaufman, Gita (1985). *Rajesh*. New York: Atheneum.
Rajesh was born missing both legs and one hand.

Prate, Jo (1985). *My Sister's Special*. Chicago: Children's Press.
A severely brain-damaged child photographed with her brother and other family members.

Laurence, Glenda (1983). *Paul*. Ready to Read series. Photographs by Bruce Foster. Wellington: School Publications Branch, Department of Education.
A booklet about a physically disabled boy from the point of view of a classmate.

Wolf, Bernard (1974). *Don't Feel Sorry for Paul*. Philadelphia and New York: J.B. Lippincott.
Paul's hands and feet did not develop properly.

For Teachers

The following reports are available from NZCER, PO Box 3237, Wellington.

Ainley, Mary (1986). What is it like if it's too big to grasp? *set*, 1, 7.
Describes the production of 'picture books' which can be experienced through the sense of touch. 'Tactual graphics' are produced by computer, and a team at the University of Melbourne have produced books and teaching materials for the visually impaired from preschool to secondary school. This article illuminates some of the problems in representing spatial relationships to the visually impaired.

Offenberger, Dorothy (1986). Mainstreaming and the science teacher. *set*, 1, 8.
Explains some of the difficulties facing the visually impaired. Contains some general principles not restricted to science teaching or to secondary pupils.

Stephens, Ray and Stephens, Glen (1986). Integration at the chalk face. *set*, 1, 6.
A description of the mainstreaming of hearing impaired new entrants but equally applicable to preschool.

For Pre-Service and In-Service Training

Buckfield, Patricia M., McDonald, Geraldine and Roberts, Mary (eds.) (1984). *Communication: Children with Special Needs*. Wellington: Post-Graduate Medical Society, Clinical School of Medicine, Wellington Hospital.
This is a collection of papers from a conference. Several relate to very young children.

Mitchell, David and Singh, Nirbhay (eds.) (1987). *Exceptional Children in New Zealand*. Palmerston North: Dunmore Press.
A comprehensive overview of issues and provisions for exceptional children and their families in New Zealand.

Pinckhurst, Fay, Pinckhurst, John and Elkins, John (1987). *Special Education in New Zealand*. Wellington: NZCER.
Contains discussion questions on issues in special education.

For the Parent Library in a Preschool

Stuart, Julia (1985). *Special in a Different Way*. New Zealand Playcentre Federation Publications, PO Box 67-085, Mt Eden, Auckland.

Appendices

Appendix 1

IYDP TELETHON TRUST PRESCHOOL PROJECT
TEACHER INTERVIEW

Kindergarten

Head Teacher:
Teacher:
Special Group Teacher:

Playcentre

Supervisors:

Special Group Teacher:

1. How does your special group operate within the kindergarten/playcentre? [Withdrawal. Group work in kindergarten/playcentre. Individual work. Combination].
2. Is your group integrated?
3. What exactly do you mean by integration?
4. What exactly is a "special need" as you see it?
5. Are there other children in your kindergarten/playcentre with special needs?
6. How many would you say?
7. What is the most common special need that you encounter?
8. Who has the most contact with the parents of the special group children?

Children [Use forms]
List the names of the children and ask about the child's difficulty if this has not been done beforehand.

[Child's name]

(1) Difficulty?

(2) What was child like on entry to kindergarten/playcentre?
(3) What changes or improvements have you noticed?

The next questions are for the special group teacher.

9. What are your aims for the special needs children?
10. Is there any kind of activity that you find particularly useful with the special needs children?
11. For all children? Some children?
12. Do you have any special equipment or materials for the special group children?
13. Have you anywhere to store it?
14. Do the other children use it?
15. Are the premises suitable for your work? How about noise? Visual distraction?
16. How do you organize your programme?
17. Do you have the same programme for all children or special programmes for individual children?
18. Do you use any special methods or techniques with the children? [e.g. behaviour management, time out]
19. Do you work with the special group children only or with all children in the kindergarten/playcentre?
20. What about the other teachers and children? Are they asked to do anything special to help the special group children?
21. Does anybody outside the kindergarten/playcentre give you special help? Psychologist? Speech therapist? Occupational therapist?
22. How useful are they to you?
23. When a child enters the kindergarten/playcentre how do you find out what he or she can do?
24. Do you keep records of the child's progress? What kind? Use a checklist? What kind?
25. If you keep records what do you do with them?
26. Is there any other equipment you would like?

	Head Teacher or Supervisor	Special Group Teacher
Training:	_____	_____
Length of experience with special needs:	_____	_____

Appendix 2

IYDP TELETHON TRUST PRESCHOOL PROJECT PARENT INTERVIEW

1. When your child went to the kindergarten/playcentre did you have a chance to talk to the head teacher or the special group teacher about your child?
   Yes [ ] No [ ]
2. What did you tell her?
   OR
   What would you have liked to tell her?

3. What particular difficulties does your child have?
4. Has your child ever attended any other kind of preschool?
5. How did your child come to be selected for this kindergarten/playcentre? [Get description of agencies]
6. Did you know before that that your child needed a bit of extra help?
7. When were you first aware of this?
8. Did you know anything about the special group scheme in kindergarten/playcentre before your child went there?
9. Who told you about it?
10. Does [insert name of child] go to any other kind of preschool group besides kindergarten/playcentre?
    Or receive treatment from a speech therapist [ ]
    occupational therapist [ ]
    physiotherapist [ ]
    visiting therapist [ ]
    anyone else? [ ]
11. When your child first went to kindergarten/playcentre, did you stay too?
    Yes [ ] No [ ]
12. Do you have much to do with the kindergarten/playcentre, e.g. mothers' club, mother help?
13. Do you have another child at kindergarten/playcentre?
    This kindergarten/playcentre [ ]
    Another kindergarten/playcentre [ ]
14. Does anyone discuss with you the progress of your child?
15. If you need to get in touch with the head teacher or other teachers, what do you do?
16. Do you think your child has benefited from attending kindergarten/playcentre?
17. What changes have you noticed?
18. What is your child's behaviour like when he or she is home?
19. Is it like that at kindergarten/playcentre too?
    If *no*
20. How does your child behave at kindergarten/playcentre?
21. How does [the child] get on with the rest of the family?
    [Check brothers and sisters, child's place in family]
22. [Ask about mother's opinion of other agencies, e.g., doctor, Plunket, psychological services, occupational therapist]
23. Has anyone offered you any useful ideas for helping your child at home?
24. Have you got any ideas from kindergarten/playcentre?
25. How does your child travel to kindergarten/playcentre?
26. Can you go with him/her?
27. Are you able to travel in the taxi too? [If taxi]
28. What do you gain from having your child at kindergarten/playcentre?
29. Any other comments?

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Settlement Road Kindergarten
Homai Kindergarten
Bellmont Kindergarten
Brookfield Kindergarten
Cambridge Kindergarten
Western Heights Kindergarten
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Hawera Kindergarten
Polson Park Kindergarten
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